

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|---------------|---------------|-----------------|
| FEE DETERMINATION | <i>Me say</i> | | <i>08-16-01</i> |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>HB</i> | <i>JL-916</i> | <i>08-24-01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

*8/27
8-24-01*